

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8		2		1			58						
9		2		1			59						
10		2		1			60						
11	1		1				61						
12		1		1			62						
13	1		1				63						
14		3		3			64						
15		3		1			65						
16		3		3			66						
17		3		3			67						
18		3		3			68						
19		3		3			69						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		1	3				TOTAL IND.						
TOTAL DEP.		3	3				TOTAL DEP.						
TOTAL CLAIMS		4	6				TOTAL CLAIMS						